

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MISSOURI

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2010 MAY -9 PM 1:17

Sharie Camp)
Plaintiff)
vs.)
Children's Division)
Defendant)

Case No. _____

CLERK U.S. DIST. COURT
WEST. DIST. OF MO.
KANSAS CITY, MO

4:18-cv-350-mjw

AFFIDAVIT OF FINANCIAL STATUS

I, Sharie Camp, declare that I am the plaintiff in this case, that because of my poverty I am unable to pay the costs of these proceedings, and that I believe I am entitled to relief.

I further swear that the responses which I have made to the questions below and the information I have given relating to my ability to pay the costs of commencing and prosecuting this action are true.

I. MARITAL STATUS AND PERSONAL DATA

A. Single: Married: _____ Separated: _____ Divorced: _____

B. Name of Spouse: N/A

C. Age of plaintiff, petitioner or complainant: Thirty-one

D. Age of spouse: N/A

E. Address of plaintiff, petitioner or complainant: 11921 Newton

Ave. Apt. 39 Grandview, MO. 64030

Telephone: (816) - 372 - 7603

F. Address of spouse: N/A

Telephone: N/A

G. State name or names of dependents who live with you, their age, address, relationship, and how much of their monthly support you provide:

Nikell Young (Age) three year's old
11921 Newton Ave. Apt. 39 Grandview, MO 64030
(My son) \$250.00 to \$300.00

II. EMPLOYMENT

A. Name of employer: Sonic Drive - In

Address of employer: 10455 Blue Ridge Blvd, HCMO. 64134

Employer's telephone: (816)-761-1101 Length of employment: A week.

Job title or description: Carhop

Net Income: Monthly \$ _____ Weekly \$ 100.00

Gross Income: Monthly \$ _____ Weekly \$ 188.00

Does employer provide health insurance: Yes _____ No ✓

If employer provides health insurance, describe coverage: N/A

B. Previous employment (Answer only if presently unemployed)

Name of employer: _____

Address of employer: _____

Employer's telephone: _____ Length of employment: _____

Job title or description: _____

Net Income: Monthly \$ _____ Weekly \$ _____

Gross Income: Monthly \$ _____ Weekly \$ _____

C. Employment of spouse:

Name of employer: N/A

Address of employer: _____

Employer's telephone: _____ Length of employment: _____

Job title or description: _____

Net Income: Monthly \$ _____ Weekly \$ _____

Gross Income: Monthly \$ _____ Weekly \$ _____

III. FINANCIAL STATUS

(Answer questions on behalf of both the plaintiff, petitioner or complainant and spouse).

A. Owner of real property? Yes No ✓

If yes - Description: _____

Address: _____

In whose name? _____

Estimated value: _____

Total amount owed: _____

Owed to: _____

Annual income from property: _____

B. Owner of automobile: Yes No ✓

If yes - Number of automobiles owned: _____

Make _____ Model _____ Year _____

Make _____ Model _____ Year _____

In whose name registered? _____

Present value: _____

Amount owed on the automobile(s): _____

Owed to: _____

Monthly payment(s): _____

C. Cash on hand: (Include checking and savings accounts)

\$ N/A

List names and addresses of banks and associations:

Please do not state account numbers.

D. Have you received within the past 12 months any money from any of the following sources:

	Yes	No
Rent payments, interest or dividends?	<input checked="" type="checkbox"/>	_____
Pensions, trust funds, annuities or life Insurance payments?	_____	<input checked="" type="checkbox"/>
Gifts or inheritances?	_____	<input checked="" type="checkbox"/>
Welfare Payments?	<input checked="" type="checkbox"/>	_____
ADC or other governmental child support?	_____	<input checked="" type="checkbox"/>
Unemployment benefits?	_____	<input checked="" type="checkbox"/>
Social Security Benefits	<input checked="" type="checkbox"/>	_____
Other sources?	_____	<input checked="" type="checkbox"/>

E. If the answer to any item in D above was "Yes", describe each source of money and state the amount received from each during the past 12 months:

Housing Authority: \$634.00 monthly

Welfare Food Stamps: \$200.00 (TANF) \$136.00 monthly

Social Security Benefits and Supplement: \$770.00 monthly

IV. OBLIGATIONS

A. Monthly rental on house or apartment: \$106.00

B. Monthly mortgage payments on house: None

Amount of equity in house: _____

C. Monthly mortgage payments on other properties: \$ N/A

Amount of equity in other properties: \$ _____

D. Household expenses: \$300.00 monthly

Monthly grocery expense: 250.00

Monthly utilities:

Gas: None

Electric: \$90.00

Water: \$30.00

Other: (Specify) Cable \$68.00 Phone \$30.00 Wifi for shhoo \$49.00

E. Other debts and miscellaneous monthly expenses:

TO WHOM OWED AND FOR WHAT REASON INCURRED?	MONTHLY PAYMENTS	BALANCE DUE

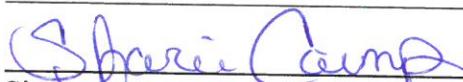
V.

OTHER INFORMATION PERTINENT TO FINANCIAL STATUS

(Include information regarding stocks, bonds, savings bonds, either individually or jointly owned).

N/A

I understand that a false statement or answer to any question in this affidavit will subject me to penalties of perjury.



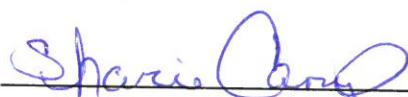
Signature of Plaintiff or Plaintiffs

VERIFICATION

State of Missouri)

County of Jackson)

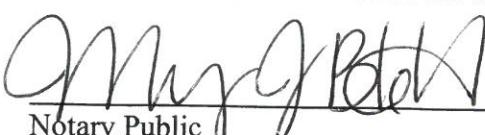
I, being first duly sworn under oath, state that I know the contents of this affidavit and that the information contained in the affidavit is true to the best of my knowledge and belief.



Signature of Plaintiff or Plaintiffs

All parties must verify

SUBSCRIBED AND SWORN TO before me this 7th day of May., 20 18


Notary Public

March 13, 2021

My Commission Expires

